

three cases that occurred, in the year 1832, in the choleral hospital ship, *Dover*, thirty-three of which terminated fatally; and from these, and many subsequent cases, I have fully ascertained, that brandy in any quantity, up to a bottle in twelve hours, does not at all stimulate; that ammonia is equally powerless, and that opium, chalk, heat, friction, and bleeding, are perfectly useless. So little effect had these and other remedies, that I feel assured they did not in the least retard the fatal termination of any of these thirty-three fatal cases, and in one case the fatal termination was certainly accelerated by the abstraction of a few ounces of blood. Calomel and soda water, given every three or four hours, were equally useless. Melancholy experience of the uselessness of such means has led some to believe, that treatment is of no avail in cholera, and that most cases would do quite as well if left entirely to themselves. This is doubtless the case in severe cases of collapse, if medicines be administered every three or four hours; but what results from the treatment so zealously urged by Dr. Ayre? In a former number of *The Lancet*, I gave details of one of the numerous cases that have convinced me that cholera, even in the stage of collapse, is quite as manageable as any other severe disease. The mode I have followed differs little from what I find Dr. Ayre so zealously recommends, and consists in placing on the tongue two grains of calomel, mixed with a little sugar, to be washed down by an effervescing draught. If rejected, the dose is repeated immediately; if not followed by vomiting, the dose is repeated in from five to ten minutes, till reaction commences, when the period between each dose is gradually extended to an hour or longer. Calomel and carbonic acid gas seem to be as powerless as other means, unless thrown constantly into the stomach; therefore, this mode of giving them must be followed, and the course of the disease being so very rapid, the patient must not be left until collapse yields to the constant attacks of these remedies. I have had ample experience of the total uselessness, in cholera, of large doses of medicines given at long intervals, and am fully convinced of the great value of calomel and carbonic acid gas, constantly and perseveringly administered at short intervals. Under this treatment purging ceases, or becomes less frequent, although vomiting may occasionally recur for some time; the expression of the countenance gradually changes; the temperature of the breath and tongue rises; the pulse gets stronger, and the skin warmer; cramp becomes slight, and extreme collapse is followed by little or no febrile excitement; and the gums do not even swell if care be taken gradually to discontinue the calomel, by extending the period between each dose as collapse disappears. I would earnestly urge this treatment on those who have found the usual remedies fail, and am assured, that if this mode of administering calomel be strictly followed, the result will be found to be as happily successful as the usual large doses of medicines at long intervals are found to be despondingly powerless.—*Lancet*, Sept. 1, 1849.

57. *Treatment of Cholera at La Charité in Berlin.* By J. LAMPREY, M.D.—The remedies mostly used in the treatment of this disease were the cold effusion, and cold fomentations to the abdomen and head; frictions of warm flannels, or sometimes jars of hot water, were applied to the feet, to keep up the temperature of the extremities. The medicinal agents, with few exceptions, were not selected from any particular class, or for any other purpose than to meet symptoms.

"The patients, when admitted, were almost too far gone for any remedy to be of use. . . . They were always received in a state of syncope or asphyxia, and required some powerful stimulant to restore the suspended animation; for this purpose the cold effusion was found the most powerful and expeditious agent.

"The manner of applying it in the hospital of Berlin was as follows: As soon as the patient was stripped of his clothes he was placed in the wooden bath before mentioned; one assistant nurse supported him in an upright sitting position, whilst another assistant dashed a bucket of cold water on his head and back; he then took another bucket of cold water, and poured it equally quick on his face, thorax, and abdomen. The patient was then partially wiped dry, and lifted into bed, when sometimes he was wiped drier, and hot jars applied to his feet. As soon as this was done, a large sheet saturated in cold

water, and folded up, was placed on his abdomen as a cold fomentation; another smaller piece of wet linen was placed on his head. This process was repeated three times in the twenty-four hours.

"I had an opportunity of witnessing this process and its effects on several occasions. On examining a patient in a short time afterwards, I was surprised to see the immediate restoration of animation take place, though the patient had been pulseless and cold before he was placed in the bath, yet in a few moments the pulse could be felt, and an increase of warmth perceived, which gradually improved. In some cases the patient began to perspire profusely, and recover immediately after the first or second application.

"The medicinal agents used were derived from no particular class, one excepted, which was used as a specific only, by the Persians originally, and lately by the Russian physicians. I allude to the radix sambul. It is a root of a very peculiar volatile odour, strongly resembling the perfume of violets, on which in all probability its virtues depend, as great caution is required in its preparation, in infusion and decoction.

"The issue of the case in which this had been tried should certainly be no criterion of its value. An emetic of a scruple of ipecacuanha and one grain of potassio-tartrate of antimony had been administered in one case, probably on the same principle that it is sometimes given in fevers—namely, to cut short the attack. Unfortunately, where this had been tried, though the case appeared favourable enough for it, it did not succeed: the patient died in a few days after, from some cerebral complication.

"Dr. Ward, of the Bethanien, informed me that he treated two cases with nux vomica, giving ten drops of the tincture three times a day; and that one case recovered, the other sunk. He also told me that a friend of his gave charcoal with good success.

"Chloroform had been tried on two occasions: the first case derived a temporary benefit from it, as it completely subdued the spasms, and afforded tranquillity for about three hours; but its effects were not permanent, as these symptoms were renewed as soon as its effects were over. From the partial success in one case it was tried in another; but unfortunately *immediate death was the consequence.*"

The success of the "cold effusion" plan even Mr. Lamprey allows not to have been very encouraging—"the cures being only in the ratio of sixteen per cent." So much for the *cold water* system!—*Lancet*, July 7, 1849.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

58. *Cases of Poisoning by the Acetate of Lead.*—Dr. WILLIAM NORRIS, of Stourbridge, relates, in the *Provincial Med. and Surg. Journal*, June 27, 1849, a distressing occurrence which took place in the towns of Stourbridge and Kidderminster and the neighbouring villages, from the mistake of a miller's servant, who mixed about thirty pounds of acetate of lead, in the place of alum, with sixty or eighty sacks of flour. Nearly a thousand persons suffered from the poisonous effects of the lead.

The sufferings of the patients were unusually protracted and severe, in consequence of eating the poisoned bread some weeks after the violent symptoms first commenced, the strongest and most robust men (from long suffering, and from the frequent occurrence of violent paroxysms,) have been reduced to the most emaciated and feeble state.

The persons who ate the bread, after a few weeks complained of a peculiar taste; some compared it to soda, others to rusty needles or copper. The tongue was covered with a darkish cream-coloured mucus, and was soft and flabby; the gums were swollen, with a blue line on the margin, and in many cases the blue tinge extended nearly over the gums, and occasionally on the inner side of the lower lip, and in a faint degree over the mucous membrane of the mouth and towards the fauces; the tonsils were in some cases enlarged, producing soreness of the throat, and in other cases there was salivation, a clear fluid